

Fill in this information to identify your case:

Debtor 1 Edwin Cabrera De Dios

Debtor 2 Josephine Sibucac De Dios
(Spouse, if filing)

United States Bankruptcy Court for the Eastern District of California

Case number _____
(If known)

Check if this is:

☐ An amended filing

Chapter you are filing under:

☒ Chapter 7☐ Chapter 11☐ Chapter 12☐ Chapter 13

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a *joint case*--and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

About Debtor 1:

Edwin

First name

Cabrera

Middle name

De Dios

Last name

Suffix (Sr., Jr., II, III)

About Debtor 2 (Spouse Only in a Joint Case):

Josephine

First name

Sibucac

Middle name

De Dios

Last name

Suffix (Sr., Jr., II, III)

2. All other names you have used in the last 8 years.

Include your married or maiden names.

N/A

First name

Middle name

Last name

Suffix (Sr., Jr., II, III)

N/A

First name

Middle name

Last name

Suffix (Sr., Jr., II, III)

Josephine

First name

Comia

Middle name

Sibucac

Last name

Suffix (Sr., Jr., II, III)

N/A

First name

Middle name

Last name

Suffix (Sr., Jr., II, III)

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

XXX-XX-4341

XXX-XX-7570

4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years.

Include trade names and doing business as names.

☒ I have not used any business names or EINs

N/A

Business name

N/A

Business name

N/A

EIN

N/A

EIN

☒ I have not used any business names or EINs

N/A

Business name

N/A

Business name

N/A

EIN

N/A

EIN

5. Where you live

2955 Redwood Parkway

Number Street

Vallejo CA 94591

City, State, Zip Code

Solano

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

N/A

Number Street

City, State, Zip Code

If Debtor 2 lives at a different address:

Same

Number Street

Same

Same Same

City, State, Zip Code

Solano

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

N/A

Number Street

City, State, Zip Code

6. Why you are choosing this district to file for bankruptcy

Check one:

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

N/A

Check one:

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

N/A

Part 2: Tell the Court About Your Bankruptcy Case

7. The chapter of the Bankruptcy Code you are choosing to file under *Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form B2010)). Also, go to the top of page 1 and check the appropriate box.*

☒ Chapter 7

☐ Chapter 11

☐ Chapter 12

☐ Chapter 13

8. How you will pay the fee

☒ **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.

☐ **I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay Your Filing Fee in Installments* (Official Form 103A).

☐ **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. Have you filed for bankruptcy within the last 8 years?

☒ No

☐ Yes

District N/A When _____ Case number _____
MM/DD/YYYY

District N/A When _____ Case number _____
MM/DD/YYYY

District N/A When _____ Case number _____
MM/DD/YYYY

10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?

☒ No

☐ Yes

Debtor N/A Relationship _____

District _____ When _____ Case number _____
MM/DD/YYYY

Debtor N/A Relationship _____

District _____ When _____ Case number _____
MM/DD/YYYY

11. Do you rent your residence?

☒ No. Go to line 12.

☐ Yes. Has your landlord obtained an eviction judgment against you?

☐ No. Go to line 12.

☐ Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

Part 3: Report About Any Businesses You Own as a Sole Proprietor

- 12. Are you a sole proprietor of any full- or part-time business?** ☒ No. Go to Part 4.

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

- 14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?** ☒ No. ☐ Yes.

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

- 15. Tell the court whether you have received briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

- ☒ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.
- Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.
- ☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

- ☒ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.
- Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.
- ☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

About Debtor 1:

- ☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ I am not required to receive a briefing about credit counseling because of:

- ☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.
- ☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.
- ☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

- ☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

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- ☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Part 6: Answer These Questions for Reporting Purposes

16. What kind of debts do you have?

16a. **Are your debts primarily consumer debts?** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

☐ No. Go to line 16b.
☒ Yes. Go to line 17.

16b. **Are your debts primarily business debts?** *Business debts* are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

☐ No. Go to line 16c.
☐ Yes. Go to line 17.

16c. State the type of debts you owe that are not consumer debts or business debts: **N/A**

17. Are you filing under Chapter 7?

☐ No. I am not filing under Chapter 7. Go to line 18.
☒ Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?

Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?

☒ No.
☐ Yes.

18. How many creditors do you estimate that you owe?

<input checked="" type="checkbox"/> 1-49	<input type="checkbox"/> 1,000 - 5,000	<input type="checkbox"/> 25,001 - 50,000
<input type="checkbox"/> 50-99	<input type="checkbox"/> 5,001 - 10,000	<input type="checkbox"/> 50,001 - 100,000
<input type="checkbox"/> 100-199	<input type="checkbox"/> 10,001 - 25,000	<input type="checkbox"/> More than 100,000
<input type="checkbox"/> 200-999		

19. How much do you estimate your assets to be worth?

<input type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$1,000,001 to \$10 million	<input type="checkbox"/> \$500,000,001 to \$1 billion
<input type="checkbox"/> \$50,001 to \$100,000	<input type="checkbox"/> \$10,000,001 to \$50 million	<input type="checkbox"/> \$1,000,000,001 to \$10 billion
<input type="checkbox"/> \$100,001 to \$500,000	<input type="checkbox"/> \$50,000,001, to \$100 million	<input type="checkbox"/> \$10,000,000,001 to \$50 billion
<input checked="" type="checkbox"/> \$500,001 to \$1 million	<input type="checkbox"/> \$100,000,001 to \$500 million	<input type="checkbox"/> More than \$50 billion

20. How much do you estimate your liabilities to be?

<input type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$1,000,001 to \$10 million	<input type="checkbox"/> \$500,000,001 to \$1 billion
<input type="checkbox"/> \$50,001 to \$100,000	<input type="checkbox"/> \$10,000,001 to \$50 million	<input type="checkbox"/> \$1,000,000,001 to \$10 billion
<input checked="" type="checkbox"/> \$100,001 to \$500,000	<input type="checkbox"/> \$50,000,001, to \$100 million	<input type="checkbox"/> \$10,000,000,001 to \$50 billion
<input type="checkbox"/> \$500,001 to \$1 million	<input type="checkbox"/> \$100,000,001 to \$500 million	<input type="checkbox"/> More than \$50 billion

Part 7:**Sign Below****For you**

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Edwin Cabrera De Dios

Debtor 1

07/22/2019

MM/DD/YYYY

/s/ Josephine Sibucan De Dios

Debtor 2

07/22/2019

MM/DD/YYYY

For your attorney, if you are represented by one

Note that BkAssist is licensed for use only by attorneys. If you are not represented by an attorney, you may not file this petition.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Bert M. Vega, Esq.

Attorney for Debtor(s)

07/22/2019

MM/DD/YYYY

Bert M. Vega, Esq.

Printed name

Law Office of Bert M. Vega, LLC.

Firm name

506 Sacramento Street

Number Street

Vallejo CA 94590

City, State, ZIP Code

(707) 558-9375

Contact phone

173141

Bar number

bertvegalawcanb@sbcglobal.net

Email address

Certificate Number: 15317-CAE-CC-033130019



15317-CAE-CC-033130019

CERTIFICATE OF COUNSELING

I CERTIFY that on July 18, 2019, at 10:06 o'clock PM PDT, Edwin C. De Dios received from Access Counseling, Inc., an agency approved pursuant to 11 U.S.C.

111 to provide credit counseling in the Eastern District of California, an individual [or group] briefing that complied with the provisions of 11 U.S.C. 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: July 18, 2019 By: /s/Mariel Macrohon

Name: Mariel Macrohon

Title: Counselor

* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. *See* 11 U.S.C. 109(h) and 521(b).

Certificate Number: 15317-CAE-CC-033130011



15317-CAE-CC-033130011

CERTIFICATE OF COUNSELING

I CERTIFY that on July 18, 2019, at 10:11 o'clock PM PDT, Josephine S. De Dios received from Access Counseling, Inc., an agency approved pursuant to 11 U.S.C. 111 to provide credit counseling in the Eastern District of California, an individual [or group] briefing that complied with the provisions of 11 U.S.C. 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: July 18, 2019 By: /s/Mariel Macrohon

Name: Mariel Macrohon

Title: Counselor

* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. *See* 11 U.S.C. 109(h) and 521(b).

Fill in this information to identify your case:

Debtor 1 Edwin Cabrera De Dios

Debtor 2 Josephine Sibucan De Dios
(Spouse, if filing)

United States Bankruptcy Court for the Eastern District of California

Case number _____
(If known)

☐ Check if this is an amended filing

Official Form 106Sum
Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

	Your assets Value of what you own
1. Schedule A/B: Property (Official Form 106A/B)	
1a. Copy line 55, Total real estate, from <i>Schedule A/B</i>	<u>\$495,700.00</u>
1b. Copy line 62, Total personal property, from <i>Schedule A/B</i>	<u>\$102,708.31</u>
1c. Copy line 63, Total of all property on <i>Schedule A/B</i>	<u>\$598,408.31</u>

Part 2: Summarize Your Liabilities

	Your liabilities Amount you owe
2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	
2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i>	<u>\$322,585.94</u>
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>	<u>\$0.00</u>
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>	<u>\$97,812.79</u>
Your total liabilities	<u>\$420,398.73</u>

Part 3: Summarize Your Income and Expenses

4. Schedule I: Your Income (Official Form 106I)	
Copy your combined monthly income from line 12 of <i>Schedule I</i>	<u>\$6,178.08</u>
5. Schedule J: Your Expenses (Official Form 106J)	
Copy your monthly expenses from line 22, Column A, of <i>Schedule J</i>	<u>\$7,181.83</u>

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes

7. What kind of debt do you have?

- ☒ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9 for statistical purposes. 28 U.S.C. § 159.
- ☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the Statement of Your Current Monthly Income (Official Form 122A-1, 122B, or 122C-1):

Copy your total current monthly income from line 11..... \$8,906.90

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:

Total claim

9a. Domestic support obligations (Copy line 6a.).....	<u>\$0.00</u>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.).....	<u>\$0.00</u>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	<u>\$0.00</u>
9d. Student loans. (Copy line 6f.).....	<u>\$0.00</u>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.).....	<u>\$0.00</u>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.).....	<u>\$0.00</u>
9g. Total. Add lines 9a through 9f.....	<u>\$0.00</u>

Fill in this information to identify your case:

Debtor 1 Edwin Cabrera De Dios

Debtor 2 Josephine Sibucan De Dios
(Spouse, if filing)

United States Bankruptcy Court for the Eastern District of California

Case number _____
(If known)

☐ Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land or Other Real Estate You Own or Have an Interest in

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☐ No. Go to Part 2.
- ☒ Yes. Where is the property?

1.1 2955 Redwood Parkway
Street address, if available, or other description

Vallejo CA 94591
City, State, ZIP Code

Solano
County

What is the property? Check all that apply

- ☒ Single-family home
- ☐ Duplex or multi-unit building
- ☐ Condominium or cooperative
- ☐ Manufactured or mobile home
- ☐ Land
- ☐ Investment property
- ☐ Timeshare
- ☐ Other

Who has an interest in the property? Check one

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☒ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?	Current value of the portion you own?
\$495,700.00	\$495,700.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Fee Simple

☐ Check if this is community property (see instructions)

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.

\$495,700.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- ☐ No.
- ☒ Yes.

3.1 Make: Nissan Who has an interest in the property? Check one
 Model: Murano Sport Utility ☐ Debtor 1 only
 Year: 2011 ☐ Debtor 2 only
 Approximate mileage: 125,000 ☒ Debtor 1 and Debtor 2 only
 Other information: ; **Community Asset** ☐ At least one of the debtors and another
☒ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property?	Current value of the portion you own?
\$2,966.00	\$2,966.00

3.2 Make: BMW Who has an interest in the property? Check one
 Model: x1 ☐ Debtor 1 only
 Year: 2016 ☐ Debtor 2 only
 Approximate mileage: 30000 ☒ Debtor 1 and Debtor 2 only
 Other information: ; **Fee Simple** ☐ At least one of the debtors and another
☒ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property?	Current value of the portion you own?
\$20,164.00	\$20,164.00

4. **Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories**
Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

☒ No.
☐ Yes.

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here

\$23,130.00

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items? (List the current value of the portion you own. Do not deduct secured claims or exemptions)

6. **Household goods and furnishings**

Examples: Major appliances, furniture, linens, china, kitchenware

☐ No
☒ Yes (Furniture, Appliances & Laptop \$3,500.00; Fee Simple, C)..... **\$3,500.00**

7. **Electronics**

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

☒ No
☐ Yes

8. **Collectibles of value**

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

☒ No
☐ Yes

9. **Equipment for sports and hobbies**

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

☒ No
☐ Yes

10. **Firearms**

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

☒ No
☐ Yes

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

☐ No
☒ Yes **(Various clothing items, shoes, jackets purses \$1,500.00; Fee Simple, C)** **\$1,500.00**

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

☐ No
☒ Yes **(Rings, Earrings and Watches \$2,000.00; Fee Simple, C)** **\$2,000.00**

13. Non-farm animals

Examples: Dogs, cats, birds, horses

☒ No
☐ Yes

14. Any other personal and household items you did not already list, including any health aids you did not list

☒ No
☐ Yes

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here

\$7,000.00

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following? (List the current value of the portion you own. Do not deduct secured claims or exemptions)

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☐ No
☒ Yes **Cash on Hand \$40.00; Fee Simple (C)** **\$40.00**

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

☐ No
☒ Yes **First Bank Checking Account \$150.00; Fee Simple (C)** **\$150.00**

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

☒ No
☐ Yes **\$0.00**

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

☒ No
☐ Yes **\$0.00**

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.
Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

☒ No
☐ Yes **\$0.00**

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

☐ No
☒ Yes **Vanguard Retirement Plan \$72,388.31; Fee Simple (D1)** **\$72,388.31**

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company.
Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

☒ No
☐ Yes **\$0.00**

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

☒ No
☐ Yes **\$0.00**

24. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified state tuition plan as defined in 26 U.S.C. § 529(b)(1).

☒ No
☐ Yes **\$0.00**

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

☒ No
☐ Yes **\$0.00**

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

☒ No
☐ Yes **\$0.00**

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

☒ No
☐ Yes **\$0.00**

28. Tax refunds owed to you

Give specific information about them, including whether you already filed the returns and the tax years

☒ No
☐ Yes **\$0.00**

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

☒ No
☐ Yes **\$0.00**

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

☒ No
☐ Yes **\$0.00**

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance. Name the insurance company of each policy and the beneficiary, and list its value

☐ No
☒ Yes **All State TrueFit Term Life Insurance \$0.00; Fee Simple (C)**.....

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

☒ No
☐ Yes **\$0.00**

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

☒ No
☐ Yes **\$0.00**

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

☒ No
☐ Yes **\$0.00**

35. Any financial assets you did not already list

☒ No
☐ Yes **\$0.00**

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here

\$72,578.31

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

☒ No. Go to part 6.
☐ Yes. Go to line 38.

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
 If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

☒ No. Go to part 7.
☐ Yes. Go to line 47.

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

☒ No
☐ Yes **\$0.00**

54. Add the dollar value of all of your entries from Part 7, including any entries for pages you have attached for Part 7. Write that number here

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2 **\$495,700.00**

56. Part 2: Total vehicles, line 5 **\$23,130.00**

57. Part 3: Total personal and household items, line 15 **\$7,000.00**

58. Part 4: Total financial assets, line 36 **\$72,578.31**

59. Part 5: Total business-related property, line 45

60. Part 6: Total farm- and fishing-related property, line 52

61. Part 7: Total other property not listed, line 54

62. Total personal property. Add lines 56 through 61 **\$102,708.31**

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$598,408.31

Fill in this information to identify your case:Debtor 1 Edwin Cabrera De DiosDebtor 2 Josephine Sibucan De Dios
(Spouse, if filing)United States Bankruptcy Court for the Eastern District of CaliforniaCase number _____
(If known)☐ Check if this is an amended filing**Official Form 106C****Schedule C: The Property You Claim as Exempt**

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt**1. Which set of exemptions are you claiming?** Check one only, even if your spouse is filing with you.

- ☒ You are claiming California Exemptions § 704 (with no wildcard) (04/01/16) and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <i>Copy the value from Schedule A/B</i>	Amount of the exemption you claim <i>Check only one box for each exemption</i>	Specific laws that allow exemption
Residential Property at 2955 Redwood Parkway, Vallejo, CA 94591 (Line 1)	\$495,700.00	<input checked="" type="checkbox"/> <u>\$100,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	CCP § 704.730(a)(2)
2011 Nissan Murano Sport Utility (Line 3)	\$2,966.00	<input checked="" type="checkbox"/> <u>\$2,966.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	CCP § 704.010
Furniture, Appliances & Laptop (Line 6)	\$3,500.00	<input checked="" type="checkbox"/> <u>\$3,500.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	CCP § 704.020
Various clothing items, shoes, jackets purses (Line 11)	\$1,500.00	<input checked="" type="checkbox"/> <u>\$1,500.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	CCP § 704.020
Rings, Earrings and Watches (Line 12)	\$2,000.00	<input checked="" type="checkbox"/> <u>\$2,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	CCP § 704.040
Vanguard Retirement Plan (Line 21)	\$72,388.31	<input checked="" type="checkbox"/> <u>\$72,388.31</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(b)(3)(C)
Total	\$578,054.31	\$182,354.31	

3. Are you claiming a homestead exemption of more than \$160,375.00?

(Subject to adjustment on 04/01/2019 and every 3 years after that for cases filed on or after the date of adjustment.)

☒ No☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?☐ No☐ Yes

Fill in this information to identify your case:

Debtor 1

Edwin Cabrera De Dios

Debtor 2

Josephine Sibucac De Dios

(Spouse, if filing)

United States Bankruptcy Court for the

Eastern District of California

Case number

(If known)

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?
- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1:

List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

		Column A Amount of claim Do not deduct the value of the collateral	Column B Value of collateral that supports this claim	Column C Unsecured portion if any
<div>2.1</div> <div>BMW Financial Services</div> <div>Creditor's Name</div> <div>P.O. Box 3608</div> <div>Number Street</div> <div>Dublin OH 43016</div> <div>City, State, ZIP Code</div> <div>Who owes the debt? Check one.</div> <div><input type="checkbox"/> Debtor 1 only</div> <div><input type="checkbox"/> Debtor 2 only</div> <div><input type="checkbox"/> Debtor 1 and Debtor 2 only</div> <div><input checked="" type="checkbox"/> At least one of the debtors and another</div> <div><input checked="" type="checkbox"/> Check if this claim relates to a community debt</div> <div>Date debt was incurred: 03/17/2019</div>		Describe the property that secures the claim: 2016 BMW x1	\$23,853.00	\$20,164.00
		As of the date you file, the claim is: Check all that apply		
		<input type="checkbox"/> Contingent		
		<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
		Nature of lien. Check all that apply		
		<input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan)		
		<input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)		
		<input type="checkbox"/> Judgment lien from a lawsuit		
		<input type="checkbox"/> Other (including a right to offset)		
		Last 4 digits of account number: -9627		
			\$3,689.00	
<div>2.2</div> <div>Wells Fargo Home Mortgage</div> <div>Creditor's Name</div> <div>P.O. Box 14547</div> <div>Number Street</div> <div>Des Moines IA 50306-4547</div> <div>City, State, ZIP Code</div> <div>Who owes the debt? Check one.</div> <div><input type="checkbox"/> Debtor 1 only</div> <div><input type="checkbox"/> Debtor 2 only</div> <div><input type="checkbox"/> Debtor 1 and Debtor 2 only</div> <div><input checked="" type="checkbox"/> At least one of the debtors and another</div> <div><input type="checkbox"/> Check if this claim relates to a community debt</div> <div>Date debt was incurred: 07/15/2002</div>		Describe the property that secures the claim: Residential Property at 2955 Redwood Parkway, Vallejo, CA 94591	\$298,732.94	\$495,700.00
		As of the date you file, the claim is: Check all that apply		
		<input type="checkbox"/> Contingent		
		<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
		Nature of lien. Check all that apply		
		<input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)		
		<input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)		
		<input type="checkbox"/> Judgment lien from a lawsuit		
		<input type="checkbox"/> Other (including a right to offset)		
		Last 4 digits of account number: -3095		
		Add the dollar value of your entries in Column A. Write that number here:	\$322,585.94	

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Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Fill in this information to identify your case:

Debtor 1 **Edwin Cabrera De Dios**

Debtor 2 **Josephine Sibucan De Dios**

(Spouse, if filing)

United States Bankruptcy Court for the **Eastern District of California**

Case number _____
(If known)

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Hold Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?
- ☒ No. Go to Part 2.
- ☐ Yes.

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. **Do any creditors have nonpriority unsecured claims against you?**
☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
☒ Yes.
4. **List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than four priority unsecured claims fill out the Continuation Page of Part 2.

Total claim

4.1 Amex Department Stores

Nonpriority Creditor's Name
P.O. Box 8218

Number Street

Mason OH 45040

City, State, ZIP Code
Who incurred the debt? Check one.

- Who insured the debt? Check one:
- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt
- Is the claim subject to offset?**

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number: -****

\$1.820.00

When was the debt incurred: 04/09/2004

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **Credit Card**

Debtor 1 Edwin Cabrera De Dios

Case number:

		Total claim
4.2 Amex Department Stores <hr/> Nonpriority Creditor's Name P.O. Box 8218 <hr/> Number Street <hr/> Mason OH 45040 <hr/> City, State, ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number: -7*** When was the debt incurred: 03/16/2006 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card	\$3,730.00
4.3 Amex Department Stores <hr/> Nonpriority Creditor's Name P.O. Box 8218 <hr/> Number Street <hr/> Mason OH 45040 <hr/> City, State, ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number: -**** When was the debt incurred: 09/24/2007 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card	\$2,731.22
4.4 Best Buy/CBNA <hr/> Nonpriority Creditor's Name P.O. Box 6497 <hr/> Number Street <hr/> Sioux Falls SD 57117 <hr/> City, State, ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number: -**** When was the debt incurred: 04/27/2013 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Charge Account	\$1,395.64
4.5 Capital One Bank <hr/> Nonpriority Creditor's Name 10700 Capital One Way <hr/> Number Street <hr/> Glen Allen VA 23060 <hr/> City, State, ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number: -**** When was the debt incurred: 03/16/2002 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card	\$7,557.00

Debtor 1 Edwin Cabrera De Dios

Case number:

		Total claim
4.6 Chase/Bank One Card Services <hr/> Nonpriority Creditor's Name P.O. Box 15298 <hr/> Number Street <hr/> Wilmington DE 19850 <hr/> City, State, ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number: -**** When was the debt incurred: 02/27/2008 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card	\$2,393.87
4.7 CITICARD CBNA <hr/> Nonpriority Creditor's Name P.O. Box 6241 <hr/> Number Street <hr/> Sioux Falls SD 57117 <hr/> City, State, ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number: -**** When was the debt incurred: 01/09/2012 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card	\$3,403.36
4.8 CITICARD CBNA <hr/> Nonpriority Creditor's Name P.O. Box 6241 <hr/> Number Street <hr/> Sioux Falls SD 57117 <hr/> City, State, ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number: -**** When was the debt incurred: 08/22/2014 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card	\$7,314.57
4.9 CITICARD CBNA <hr/> Nonpriority Creditor's Name P.O. Box 6241 <hr/> Number Street <hr/> Sioux Falls SD 57117 <hr/> City, State, ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number: -**** When was the debt incurred: 02/14/2018 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card	\$2,518.00

Debtor 1 Edwin Cabrera De Dios

Case number:

		Total claim
4.10 Comenity Bank/Victoria Secret Nonpriority Creditor's Name P.O. Box 182789 Number Street Columbus OH 43218-2789 City, State, ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number: -**** When was the debt incurred: 04/02/2000 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Charge Account	\$1,235.00
4.11 Comenity Bank/Victoria Secret Nonpriority Creditor's Name P.O. Box 182789 Number Street Columbus OH 43218-2789 City, State, ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number: -**** When was the debt incurred: 10/04/2006 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Charge Account	\$1,274.00
4.12 Credit First National Association Nonpriority Creditor's Name P.O. Box 81315 Number Street Cleveland OH 44181-0315 City, State, ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number: -1934 When was the debt incurred: 01/23/2010 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Charge Account	\$1,715.00
4.13 Dell Financial Services/ Web Bank Nonpriority Creditor's Name P.O. Box 81607 Number Street Austin TX 78708 City, State, ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number: -**** When was the debt incurred: 05/19/2007 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Charge Account	\$1,187.00

Debtor 1 Edwin Cabrera De Dios

Case number:

		Total claim
4.14 DSNB/Macy's <hr/> Nonpriority Creditor's Name P.O. Box 8218 <hr/> Number Street <hr/> Mason OH 45050 <hr/> City, State, ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number: -**** When was the debt incurred: 04/19/1999 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Charge Account	\$5,195.64
4.15 Fred Meyers <hr/> Nonpriority Creditor's Name 1000 Mac Arthur Blvd. <hr/> Number Street <hr/> Mahwah NJ 07430 <hr/> City, State, ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number: -**** When was the debt incurred: 11/28/2016 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Charge Account	\$4,077.41
4.16 Fred Meyers <hr/> Nonpriority Creditor's Name 1000 Mac Arthur Blvd. <hr/> Number Street <hr/> Mahwah NJ 07430 <hr/> City, State, ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number: -**** When was the debt incurred: 10/11/2012 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Charge Account	\$3,057.74
4.17 Kohl's Department Store <hr/> Nonpriority Creditor's Name P.O. Box 3115 <hr/> Number Street <hr/> Milwaukee WI 53201 <hr/> City, State, ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number: -**** When was the debt incurred: 07/29/2005 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Charge Account	\$3,009.00

Debtor 1 Edwin Cabrera De Dios

Case number:

		Total claim
4.18 SYNCB/American Eagle PLCC <hr/> Nonpriority Creditor's Name P.O. Box 965005 <hr/> Number Street <hr/> Orlando FL 32896-5056 <hr/> City, State, ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number: -**** When was the debt incurred: 10/11/2015 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card	\$7,907.96
4.19 SYNCB/Banana Republic <hr/> Nonpriority Creditor's Name P.O. Box 965005 <hr/> Number Street <hr/> Orlando FL 32896-5005 <hr/> City, State, ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number: -**** When was the debt incurred: 04/10/2016 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card	\$3,068.00
4.20 SYNCB/Banana Republic <hr/> Nonpriority Creditor's Name P.O. Box 965005 <hr/> Number Street <hr/> Orlando FL 32896-5005 <hr/> City, State, ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number: -**** When was the debt incurred: 04/10/2016 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card	\$6,059.00
4.21 SYNCB/GAPDC <hr/> Nonpriority Creditor's Name P.O. Box 965005 <hr/> Number Street <hr/> Orlando FL 32896-5005 <hr/> City, State, ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number: -**** When was the debt incurred: 05/22/2013 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Charge Account	\$5,376.41

	Total claim
<div><div>4.22</div><div><div>SYNCB/Old Navy</div><div>Nonpriority Creditor's Name</div><div>P.O. Box 965005</div><div>Number Street</div></div><div><div>Orlando FL 32896-5005</div><div>City, State, ZIP Code</div><div>Who incurred the debt? Check one.</div><div><div><input type="checkbox"/> Debtor 1 only</div><div><input checked="" type="checkbox"/> Debtor 2 only</div><div><input type="checkbox"/> Debtor 1 and Debtor 2 only</div><div><input type="checkbox"/> At least one of the debtors and another</div><div><input type="checkbox"/> Check if this claim is for a community debt</div></div><div>Is the claim subject to offset?</div><div><div><input checked="" type="checkbox"/> No</div><div><input type="checkbox"/> Yes</div></div></div></div> <div><div>Last 4 digits of account number: -****</div><div>When was the debt incurred: 04/30/2008</div><div>As of the date you file, the claim is: Check all that apply</div><div><div><input type="checkbox"/> Contingent</div><div><input type="checkbox"/> Unliquidated</div><div><input type="checkbox"/> Disputed</div></div><div>Type of NONPRIORITY unsecured claim:</div><div><div><input type="checkbox"/> Student loans</div><div><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</div><div><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</div><div><input checked="" type="checkbox"/> Other. Specify Credit Card</div></div></div>	

\$11,409.26

Part 3:

List Others to Be Notified for a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

1

Alltran Financial LP

Creditor's Name

P.O. Box 4044

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.4 of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number:

Concord CA 94524-4044

City, State, ZIP Code

2

ARS National Services Inc.

Creditor's Name

P.O. Box 469046

Number Street

#38292201

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.6 of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number:

Escondido CA 92046-9046

City, State, ZIP Code

3

ARS National Services Inc.

Creditor's Name

P.O. Box 469100

Number Street

#38265258

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.3 of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number:

Escondido CA 92046-9100

City, State, ZIP Code

4

Calvary Portfolio Services

Creditor's Name

500 Summit Lake Dr.

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.8 of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number:

Valhalla NY 10595

City, State, ZIP Code

5

Calvary SPV I, LLC

Creditor's Name

500 Summit Lake Drive, Ste. 400

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.7 of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number:

Valhalla NY 10595

City, State, ZIP Code

6

Client Services, Inc.

Creditor's Name

3451 Harry S. Truman Blvd

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.15 of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number:

Saint Charles MO 63301-4047

City, State, ZIP Code

7**Credit Control LLC**

Creditor's Name

P.O. Box 31179

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.14 of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number:

Tampa FL 33631-3179

City, State, ZIP Code

8**First Source Advantage LLC**

Creditor's Name

P.O. Box 628

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.18 of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number:

Buffalo NY 14240-0628

City, State, ZIP Code

9**First Source Advantage LLC**

Creditor's Name

P.O. Box 628

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.16 of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number:

Buffalo NY 14240-0628

City, State, ZIP Code

10**Hunt & Henriquez/ Michael S. Hunt, Esq.**

Creditor's Name

151 Bernal Road, Ste. B

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.14 of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number:

San Jose CA 95119-1306

City, State, ZIP Code

11**Law Offices of Patenaude & Felix, A.P.C.**

Creditor's Name

4545 Murphy Canyon Road, 3rd Flr.

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.23 of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number:

San Diego CA 92123

City, State, ZIP Code

12**Midland Credit Management**

Creditor's Name

350 Camino De La Reina, Ste. 100

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.22 of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number:

San Diego CA 92108

City, State, ZIP Code

Debtor 1 Edwin Cabrera De Dios

Case number:

13**Patenaude & Felix, A.P.C.**

Creditor's Name

4545 Murphy Canyon Rd.

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.24 of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number:

San Diego CA 92123

City, State, ZIP Code

14**The CBE Group Inc**

Creditor's Name

1309 Technology Pkwy

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.12 of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number:

Cedar Falls IA 50613

City, State, ZIP Code

15**United Collection Bureau, Inc.**

Creditor's Name

5620 Southwyck Blvd. Suite 206

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.25 of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number:

Toledo OH 43614

City, State, ZIP Code

Part 4:**Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

		Total claim
Total claims from Part 1	6a. Domestic support obligations	6a. <u>\$0.00</u>
	6b. Taxes and certain other debts you owe the government	6b. <u>\$0.00</u>
	6c. Claims for death or personal injury while you were intoxicated.....	6c. <u>\$0.00</u>
	6d. Other. Add all other priority unsecured claims. Write that amount here.....	6d. <u>\$0.00</u>
	6e. Total Add lines 6a through 6d.	6e. <u>\$0.00</u>
Total claims from Part 2	6f. Student loans	6f. <u>\$0.00</u>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. <u>\$0.00</u>
	6h. Debts to pension or profit-sharing plans, and other similar debts.....	6h. <u>\$0.00</u>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.....	6i. <u>\$97,812.79</u>
	6j. Total. Add lines 6f through 6i.	6j. <u>\$97,812.79</u>

Fill in this information to identify your case:Debtor 1 Edwin Cabrera De DiosDebtor 2 Josephine Sibucan De Dios
(Spouse, if filing)United States Bankruptcy Court for the Eastern District of CaliforniaCase number _____
(If known)☐ Check if this is an amended filing**Official Form 106G****Schedule G: Executory Contracts and Unexpired Leases****12/15**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- ☒ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
☐ Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).

Fill in this information to identify your case:

Debtor 1 Edwin Cabrera De Dios

Debtor 2 Josephine Sibucan De Dios
(Spouse, if filing)

United States Bankruptcy Court for the Eastern District of California

Case number _____
(If known)

☐ Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

- Do you have any codebtors?** (If you are filing a joint case, do not list either spouse as a codebtor.)
☐ No
☒ Yes
- Within the last 8 years, have you lived in a community property state or territory?** (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)
☒ No. Go to line 3.
☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?
☒ No
☐ Yes. In which community state or territory did you live? . Fill in the name and current address of that person.
- In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.**

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply

3.1

Lovinia Lamorena
Name
2955 Redwood Parkway
Number Street
Vallejo CA 94591
City, State, ZIP Code

- ☒ **Schedule D, line 2.1**
☐ **Schedule E/F, line**
☐ **Schedule G, line**

3.2

Lovenia H Lamorena
Name
2955 Redwood Parkway
Number Street
Vallejo CA 94591
City, State, ZIP Code

- ☒ **Schedule D, line 2.2**
☐ **Schedule E/F, line**
☐ **Schedule G, line**

Fill in this information to identify your case:

Debtor 1 Edwin Cabrera De Dios

Debtor 2 Josephine Sibucan De Dios
(Spouse, if filing)

United States Bankruptcy Court for the Eastern District of California

Case number _____
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 income as of

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment**1. Fill in your employment information**

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status**Occupation****Employer's name****Employer's address****How long employed there?****Occupation****Employer's name****Employer's address****How long employed there?****Debtor 1**

- ☒ Employed
☐ Not employed

Production Associate

IDEX Health & Science LLC

600 Park Ct.
Rohnert Park, CA 94928

8 years

Debtor 2 or non-filing spouse

- ☒ Employed
☐ Not employed

Licensed Vocational Nurse

Legacy Nursing & Rehab

1790 Muri Rd.
Martinez, CA 94553

12 Years

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Including your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. **List monthly gross wages, salary, and commissions** before all payroll deductions).
If not paid monthly, calculate what the monthly wage would be.
3. **Estimate and list monthly overtime pay.**
4. **Calculate gross income.** Add line 2 + line 3.

	For Debtor 1	For Debtor 2 or non-filing spouse
2.	\$3,533.31	\$5,373.59
3.	\$0.00	\$0.00
4.	\$3,533.31	\$5,373.59

5. List All payroll deductions:

5a. Tax, Medicare, and Social Security deductions

5a. **\$504.60 \$1,096.90**

5b. Mandatory contributions for retirement plans

5b. **\$0.00 \$0.00**

5c. Voluntary contributions for retirement plans

5c. **\$277.91 \$0.00**

5d. Required repayments of retirement fund loans

5d. **\$385.15 \$0.00**

5e. Insurance

5e. **\$464.26 \$0.00**

5f. Domestic support obligations

5f. **\$0.00 \$0.00**

5g. Union dues

5g. **\$0.00 \$0.00**

5h. Other deductions. Specify:

5h. **\$0.00 \$0.00**

6. Add the payroll deductions. Add lines 5a through 5h

6. **\$1,631.92 \$1,096.90**

7. Calculate total monthly take-home pay. Subtract line 6 from line 4.

7. **\$1,901.39 \$4,276.69**

8. List all other income regularly received:

8a. Net income from rental property and from operating a business, profession, or farm

8a. **\$0.00 \$0.00**

Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.

8b. Interest and dividends

8b. **\$0.00 \$0.00**

8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive

8c. **\$0.00 \$0.00**

Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.

8d. Unemployment compensation

8d. **\$0.00 \$0.00**

8e. Social Security

8e. **\$0.00 \$0.00**

8f. Other government assistance that you regularly receive

8f. **\$0.00 \$0.00**

Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:

8g. Pension or retirement income

8g. **\$0.00 \$0.00**

8h. Other monthly income. Specify:

8h. **\$0.00 \$0.00**

9. Add all other income. Add lines 8a-8h.

9. **\$0.00 \$0.00**

10. Calculate monthly income. Add line 7 + line 9.
Add the entries in line 9 for Debtor 1 and Debtor 2 or non-filing spouse.

10. **\$6,178.08**

11. State all other regular contributions to the expenses that you list in Schedule J (Official Form 106J).

11. **\$0.00**

Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.

Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J (Official Form 106J).

Specify:

12. Add the amounts on lines 10 and 11. The result is the combined monthly income. Also write that amount on the *Summary of Your Assets and Liabilities and Certain Statistical Information* (Official Form 106Sum) if it applies.

12. **\$6,178.08**

13. Do you expect an increase or decrease within the year after you file this form?

- ☒ No
☐ Yes.
Explain.....

Fill in this information to identify your case:

Debtor 1 Edwin Cabrera De Dios

Debtor 2 Josephine Sibucan De Dios
(Spouse, if filing)

United States Bankruptcy Court for the Eastern District of California

Case number _____
(If known)

Check if this is:
☐ An amended filing
☐ A supplement showing post-petition chapter 13 expenses as of

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- ☐ No. Go to line 2.
- ☒ Yes. **Does Debtor 2 live in a separate household?**
- ☒ No.
- ☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*

2. Do you have dependents?

Do not list Debtor 1 or Debtor 2. ☐ No

Do not state the dependents' names. ☒ Yes. Fill out this information for each dependent

Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
Father	87	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Mother	76	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

☒ No
☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as your bankruptcy filing date unless you are using this form as supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date

Include expenses paid for with non-cash governmental assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I).

Note: Expenses for property other than the debtor(s)' primary residence(s), if any, are reported in the Summary of Business/Real-Estate Income & Expense annexed to Schedule I.

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. **Your expenses**
\$2,024.66

If not included in line 4:

4a. Real estate taxes

4a.

4b. Property, homeowner's, or renter's insurance

4b.

		Your expenses
4c.	Home maintenance, repair, and upkeep expenses	
4d.	Homeowner's association or condominium dues	
5.	Additional mortgage payments for your residence, such as home equity loans	
6.	Utilities:	
6a.	Electricity, heat, natural gas	\$200.00
6b.	Water, sewer, garbage collection	\$235.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	\$485.91
6d.	Other. Specify: N/A	
7.	Food and housekeeping supplies	\$1,000.00
8.	Childcare and children's education costs	
9.	Clothing, laundry, and dry cleaning	\$320.00
10.	Personal care products and services	\$150.00
11.	Medical and dental expenses	\$100.00
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	\$640.00
13.	Entertainment, clubs, recreation, newspapers, magazine, and books	\$200.00
14.	Charitable contributions and religious donations	\$100.00
15.	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a.	Life insurance	\$51.26
15b.	Health insurance	
15c.	Vehicle insurance	\$246.00
15d.	Other insurance. Specify: N/A	
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: N/A	
17.	Installment or lease payments	
17a.	Car Loan (2016 BMW x1)	\$459.00
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, <i>Schedule I</i> (Official Form 106I)	
19.	Other payments you make to support others who do not live with you. Specify: N/A	
20.	Other real property expenses not included in lines 4 or 5 of this form or on <i>Schedule I</i> (Official Form 106I)	
20a.	Mortgages on other property	
20b.	Real estate taxes	
20c.	Property, homeowner's, or renter's insurance	
20d.	Maintenance, repair, and upkeep expenses	
20e.	Homeowner's association or condominium dues	

		Your expenses
20f. Other. Specify:	20f.	
21. Other. Specify:	21.	
Financial Support to Chronically Ill Parents & Sibling		\$600.00
Fastrack Toll		\$150.00
Home Security		\$120.00
Work Uniform		\$100.00
22. Calculate your monthly expenses.		
22a. Add lines 4 through 21.	22a.	\$7,181.83
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	22b.	
22c. Add line 22a and 22b. The result is your monthly expenses.	22c.	\$7,181.83
23. Calculate your monthly net income		
23a. Copy line 12 (your combined monthly income) from Schedule I	23a.	\$6,178.08
23b. Copy your monthly expenses from line 22 above.	23b.	\$7,181.83
23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income	23c.	(\$1,003.75)
24. Do you expect an increase or decrease in your expenses within the year after you file this form?		
For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Explain.....		

Fill in this information to identify your case:Debtor 1 Edwin Cabrera De DiosDebtor 2 Josephine Sibucan De Dios
(Spouse, if filing)United States Bankruptcy Court for the Eastern District of CaliforniaCase number _____
(If known)☐ Check if this is an amended filing**Official Form 106Dec****Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

- ☒ No
☐ Yes. Name of person N/A. Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

/s/ Edwin Cabrera De Dios
Signature of Debtor 1

07/22/2019
Date

/s/ Josephine Sibucan De Dios
Signature of Debtor 2

07/22/2019
Date

Fill in this information to identify your case:

Debtor 1 Edwin Cabrera De Dios

Debtor 2 Josephine Sibucan De Dios
(Spouse, if filing)

United States Bankruptcy Court for the Eastern District of California

Case number
(If known)

Check one box only as directed in this form and in Form 122A-1Supp:

- ☐ 1. There is no presumption of abuse.
- ☒ 2. The presumption of abuse will be calculated under *Chapter 7 Means Test Calculation* (Official Form 122A-2)
- ☐ 3. The Means Test does not apply now because of qualified military service but it could apply later.

☐ Check if this is an amended filing

Official Form 122A-1

Chapter 7 Statement of Your Current Income

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

Part 1: Calculate Your Current Monthly Income

1. What is your marital and filing status? Check one only.

- ☐ Not married. Fill out Column A, lines 2-11.
- ☒ Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.
- ☐ Married and your spouse is NOT filing with you. You and your spouse are:
- ☐ Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.
- ☐ Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

		Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2.	Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$3,533.31	\$5,373.59
3.	Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	\$0.00	\$0.00
4.	All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	\$0.00	\$0.00
5.	Net income from operating a business, profession, or farm		
	Gross receipts (before all deductions)	\$0.00	
	Ordinary and necessary operating expenses	\$0.00	
5.	Net monthly income from a business, profession, or farm	\$0.00	\$0.00

6. Net income from rental and other real property

Gross receipts (before all deductions)	\$0.00
Ordinary and necessary operating expenses	\$0.00

Net monthly income from rental or other real property 6. **\$0.00** **\$0.00**

7. Interest, dividends, and royalties

7. **\$0.00** **\$0.00**

8. Unemployment compensation

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:

For you	\$0.00
For your spouse	\$0.00

8. **\$0.00** **\$0.00**

9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act.

9. **\$0.00** **\$0.00**

10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism.

10. **\$0.00** **\$0.00**

11. Calculate your total current monthly income. Add lines 2 through 10 for each column: \$3,533.31 + \$5,373.59. Then add the total for Column A to the total for Column B.

11. **\$8,906.90**

Part 2: Determine Whether the Means Test Applies to You

12. Calculate your current monthly income for the year. Follow these steps:

Copy your total current monthly income from line 11. **\$8,906.90**

Multiply by 12 (the number of months in a year). **\$106,882.80**

The result is your annual income for this part of the form. 12. **\$106,882.80**

13. Calculate the median family income that applies to you. Follow these steps:

Fill in the state in which you live.

California

Fill in the number of people in your household.

4

Fill in the median family income for your state and size of household.

\$94,505.00

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

13. **\$94,505.00**

14. How do the lines compare?

14a. ☐ Line 12 is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.* Go to Part 3.

14b. ☒ Line 12 is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2.* Go to Part 3 and fill out Form 122A-2.

Part 3: Sign Below

Debtor 1: Edwin Cabrera De Dios

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

/s/ Edwin Cabrera De Dios
Signature of Debtor 1

07/22/2019
Date MM/DD/YYYY

/s/ Josephine Sibucan De Dios
Signature of Debtor 2

07/22/2019
Date MM/DD/YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

Fill in this information to identify your case:

Debtor 1 Edwin Cabrera De DiosDebtor 2 Josephine Sibucão De Dios
(Spouse, if filing)United States Bankruptcy Court for the Eastern District of CaliforniaCase number
(If known)

Check the appropriate box as directed in lines 40 or 42:

According to the calculations required by this Statement:

☒ 1. There is no presumption of abuse.☐ 2. There is a presumption of abuse.☐ Check if this is an amended filing**Official Form 122A-2**
Chapter 7 Means Test Calculation

04/16

To fill out this form, you will need your completed copy of *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Determine Your Adjusted Income1. Copy your total current monthly income. Copy line 11 from Official Form 122A-1 here 1. **\$8,906.90**

2. Did you fill out Column B in Part 1 of Form 122A-1?

- ☐ No. Fill in \$0 on line 3.
☒ Yes. Is your spouse filing with you?
☐ No. Go to line 3.
☒ Yes. Fill in \$0 on line 3.

3. Adjust your current monthly income by subtracting any part of your spouse's income not used to pay for the household expenses of you or your dependents. Follow these steps:

On line 11, Column B of Form 122A-1, was any amount of the income you reported for your spouse NOT regularly used for the household expenses of you or your dependents?

- ☒ No. Fill in 0 on line 3.
☐ Yes. Fill in the information below:

	State each purpose for which the income was used For example, the income is used to pay your spouse's tax debt or to support people other than you or your dependents	Fill in the amount you are subtracting from your spouse's income
a.		
Total:		\$0.00

Total. Add the previous lines and insert the total here.

3. **\$0.00**

4. Adjust your current monthly income. Subtract line 3 from line 1.

4. **\$8,906.90****Part 2: Calculate Your Deductions from Your Income**

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not deduct any amounts that you subtracted from your spouse's income in line 3 and do not deduct any operating expenses that you subtracted from income in lines 5 and 6 of Form 122A-1.

If your expenses differ from month to month, enter the average expense.

Whenever this part of the form refers to you, it means both you and your spouse if Column B of Form 122A-1 is filled in.

5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

5. **4**

National Standards You must use the IRS National Standards to answer the questions in lines 6-7.

6. Food, clothing, and other items: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items.

6. **\$1,694.00**

7. Out-of-pocket health care allowance: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories -- people who are under 65 and people who are 65 or older, because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

People who are under 65 years of age	
7a. Out-of-pocket health care allowance per person	\$52.00
7b. Number of people who are under 65	2
7c. Subtotal. Multiply line 7a by line 7b.	\$104.00

People who are 65 years of age or older	
7d. Out-of-pocket health care allowance per person	\$114.00
7e. Number of people who are 65 or older	2
7f. Subtotal. Multiply line 7d by line 7e.	\$228.00

7g. **Total.** Add lines 7c and 7f.

7. **\$332.00**

Local Standards You must use the IRS Local Standards to answer the questions in lines 8-15.

Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts:

- ◆housing and utilities - Insurance and operating expenses
- ◆housing and utilities - Mortgage or rent expenses

To answer the questions in lines 8-9, use the U.S. Trustee Program chart.

To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

8. Housing and utilities - Insurance and operating expenses: Using the number of people you entered in line 5, fill in the dollar amount listed for your county for insurance and operating expenses.

8. **\$661.00**

9. Housing and utilities - Mortgage or rent expenses:

9a. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses.	\$1,997.00				
9b. Total average monthly payment for all mortgages and other debts secured by your home. To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.					
<table border="1"> <thead> <tr> <th>Name of creditor</th><th>Average monthly payment</th></tr> </thead> <tbody> <tr> <td>Wells Fargo Home Mortgage</td><td>\$2,024.66</td></tr> </tbody> </table>	Name of creditor	Average monthly payment	Wells Fargo Home Mortgage	\$2,024.66	
Name of creditor	Average monthly payment				
Wells Fargo Home Mortgage	\$2,024.66				
Total average monthly payment. Enter here and on line 33a.	\$2,024.66				

9c. Net mortgage or rent expense.

Subtract line 9b (*total average monthly payment*) from line 9a (*mortgage or rent expense*). If this amount is less than \$0, enter \$0.

9. **\$0.00**

<p>10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim.</p> <p>Explain why: _____</p>	<p>10. \$0.00</p>																										
<p>11. Local transportation expenses: Check the number of vehicles for which you claim an ownership or operating expense.</p> <p> <input type="checkbox"/> 0. Go to line 14. <input type="checkbox"/> 1. Go to line 12. <input checked="" type="checkbox"/> 2 or more. Go to line 12. </p>																											
<p>12. Vehicle operation expense: Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the <i>Operating Costs</i> that apply for your Census region or metropolitan statistical area.</p>	<p>12. \$470.00</p>																										
<p>13. Vehicle ownership or lease expense: Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles.</p>																											
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13f. Net Vehicle 2 ownership or lease expense																											
Subtract line 13e from 13d. If this amount is less than \$0, enter \$0.		\$0.00																									
<p>14. Public transportation expense: If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the Public Transportation expense allowance regardless of whether you use public transportation.</p>		<p>14. \$0.00</p>																									
<p>15. Additional public transportation expense: If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim more than the IRS Local Standard for Public Transportation.</p>		<p>15. \$0.00</p>																									
<p>Other Necessary Expenses In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories.</p>																											
<p>16. Taxes: The total monthly amount that you will actually owe for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes.</p> <p>Do not include real estate, sales, or use taxes.</p>		<p>16. \$1,601.50</p>																									

<p>17. Involuntary deductions: The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs.</p> <p>Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings.</p>	17. \$125.00								
<p>18. Life insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term.</p>	18. \$125.06								
<p>19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments.</p> <p>Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.</p>	19. \$0.00								
<p>20. Education: The total monthly amount that you pay for education that is either required:</p> <ul style="list-style-type: none"> • as a condition for your job, or • for your physically or mentally challenged dependent child if no public education is available for similar services. 	20. \$50.00								
<p>21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool.</p> <p>Do not include payments for any elementary or secondary school education.</p>	21. \$0.00								
<p>22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25.</p>	22. \$0.00								
<p>23. Telecommunication services: The total monthly amount that you pay for telecommunication services, such as pagers, call waiting, caller identification, special long distance, business internet service, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.</p> <p>Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted.</p>	23. \$0.00								
<p>24. Add all of the expenses allowed under the IRS expense allowances.</p> <p>Add lines 6 through 23.</p>	24. \$5,517.56								
<p>Additional Expense Deductions These are additional deductions allowed by the Means Test. <i>Note:</i> Do not include any expense allowances listed in lines 6-24.</p>									
<p>25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 70%;">Health Insurance</td> <td style="text-align: right;">\$390.46</td> </tr> <tr> <td>Disability Insurance</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>Health Savings Account</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td style="text-align: right;">Total</td> <td style="text-align: right;">\$390.46</td> </tr> </table>	Health Insurance	\$390.46	Disability Insurance	\$0.00	Health Savings Account	\$0.00	Total	\$390.46	25. \$390.46
Health Insurance	\$390.46								
Disability Insurance	\$0.00								
Health Savings Account	\$0.00								
Total	\$390.46								
<p>Do you actually spend the total amount shown on the previous line?</p> <p><input type="checkbox"/> No. How much do you actually spend? <u>\$390.46</u></p> <p><input checked="" type="checkbox"/> Yes</p>									
<p>26. Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.</p>	26. \$800.00								
<p>27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.</p> <p>By law, the court must keep the nature of these expenses confidential.</p>	27. \$0.00								

28. Additional home energy costs. Your home energy costs are included in your non-mortgage housing and utilities allowance on line 8.

If you believe that you have home energy costs that are more than the home energy costs included in the non-mortgage housing and utilities allowance, then fill in the excess amount of home energy costs.

You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary.

28. **\$200.00**

29. Education expenses for dependent children who are younger than 18. The monthly expenses (not more than \$160.42* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school.

You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23.

* Subject to adjustment on 04/01/2019, and every 3 years after that for cases begun on or after the date of adjustment.

29. **\$0.00**

30. Additional food and clothing expense. The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards.

To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

You must show that the additional amount claimed is reasonable and necessary.

30. **\$100.00**

31. Continuing charitable contributions. The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. 26 U.S.C. § 170(c)(1)-(2).

31. **\$100.00**

32. Add all of the additional expense deductions.

Add lines 25 through 31.

32. **\$1,590.46**

Deductions for Debt Payment

33. For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in the following information.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

		Average monthly payment
	Mortgages on your home	
33a.	Copy line 9b here	\$2,024.66
	Loans on your first two vehicles	
33b.	Copy line 13b here	\$0.00
33c.	Copy line 13e here	\$0.00

	Name of each creditor for other secured debt	Identify property that secures the debt	Does payment include taxes or insurance?
33d.			

Total average monthly payment. Add lines 33a through 33d.

33. **\$2,024.66**

34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents?

☒ No. Go to line 35.

☐ Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the *cure amount*).

Name of the creditor	Identify property that secures the debt	Total cure amount
(None)		
Total		\$0.00

Divide the total by 60 and enter the result here.

34. **\$0.00**

35. Do you owe any priority claims -- such as a priority tax, child support, or alimony -- that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507.

☒ No. Go to line 36.

☐ Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19.

Total amount of all past-due priority claims \$0.00 ÷ 60 =

35. **\$0.00**

36. Are you eligible to file a case under Chapter 13? 11 U.S.C. § 109(e).

For more information, go online using the link for Bankruptcy Basics specified in the separate instructions for this form. Bankruptcy Basics may also be available at the bankruptcy clerk's office.

☐ No. Go to line 37.

☒ Yes. Fill in the following information.

Projected monthly plan payment if you were filing under Chapter 13	\$0.00
Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts).	7.25%

To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

Average monthly administrative expense if you were filing under Chapter 13

36. **\$0.00**

37. Add all of the deductions for debt payment.

Add lines 33 through 36.

37. **\$2,024.66**

Total Deductions from Income

38. Add all of the allowed deductions.

Copy line 24, All of the expenses allowed under IRS expense allowances	\$5,517.56
Copy line 32, All of the additional expense deductions	\$1,590.46
Copy line 37, All of the deductions for debt payment	\$2,024.66

Total deductions

38. **\$9,132.68**

Part 3: Determine Whether There Is a Presumption of Abuse

39. Calculate monthly disposable income for 60 months

39a. Copy line 4, adjusted current monthly income	\$8,906.90
39b. Copy line 38, Total deductions.	\$9,132.68
39c. Monthly disposable income. 11 U.S.C. § 707(b)(2). Subtract line 39b from line 39a.	(\$225.78)
39d. Total. Multiply line 39c by 60.	(\$13,546.80)

39. **(\$13,546.80)**

40. Find out whether there is a presumption of abuse. Check the box that applies:

- ☒ **The line 39d is less than \$7,700.00*.** On the top of page 1 of this form, check box 1, There is no presumption of abuse. Go to Part 5.
- ☐ **The line 39d is more than \$12,850.00*.** On the top of page 1 of this form, check box 2, There is a presumption of abuse. You may fill out Part 4 if you claim special circumstances. Then go to Part 5.
- ☐ **The line 39d is at least \$7,700.00*, but not more than \$12,850.00*.** Go to line 41.

* Subject to adjustment on 04/01/2019, and every 3 years after that for cases filed on or after the date of adjustment.

41.

41a. Fill in the amount of your total nonpriority unsecured debt. If you filled out *A Summary of Your Assets and Liabilities and Certain Statistical Information Schedules* (Official Form 6), you may refer to line 3b on that form.

41b. 25% of your total nonpriority unsecured debt. 11 U.S.C. § 707(b)(2)(A)(i)(I) Multiply line 41a by 0.25.

41.

42. Determine whether the income you have left over after subtracting all allowed deductions is enough to pay 25% of your unsecured, nonpriority debt.

Check the box that applies:

- ☐ **Line 39d is less than line 41b.** On the top of page 1 of this form, check box 1, *There is no presumption of abuse.* Go to Part 5.
- ☐ **Line 39d is equal to or more than line 41b.** On the top of page 1 of this form, check box 2, *There is a presumption of abuse.* You may fill out Part 4 if you claim special circumstances. Then go to Part 5.

Part 4: Give Details About Special Circumstances

43. Do you have any special circumstances that justify additional expenses or adjustments of current monthly income for which there is no reasonable alternative? 11 U.S.C. § 707(b)(2)(B).

- ☒ No. Go to Part 5.
- ☐ Yes. Fill in the following information. All figures should reflect your average monthly expense or income adjustment for each item. You may include expenses you listed in line 25.

You must give a detailed explanation of the special circumstances that make the expenses or income adjustments necessary and reasonable. You must also give your case trustee documentation of your actual expenses or income adjustments.

Give a detailed explanation of the special circumstances	Average monthly expense or income adjustment
(None)	
Total:	\$0.00

Part 5: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

/s/ Edwin Cabrera De Dios
Signature of Debtor 1

07/22/2019
Date MM/DD/YYYY

/s/ Josephine Sibucio De Dios
Signature of Debtor 2

07/22/2019
Date MM/DD/YYYY

Fill in this information to identify your case:

Debtor 1 Edwin Cabrera De Dios

Debtor 2 Josephine Sibucan De Dios
(Spouse, if filing)

United States Bankruptcy Court for the Eastern District of California

Case number _____
(If known)

☐ Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

- What is your current marital status?**
☒ Married
☐ Not married
- During the last 3 years, have you lived anywhere other than where you live now?**
☒ No
☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.
- Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory?**
(Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)
☒ No
☐ Yes. Make sure you fill out *Schedule H: Your Creditors* (Official Form 106H).

Part 2: Explain the Sources of Your Income

- Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- ☐ No
☒ Yes. Fill in the details.

	Debtor 1	Debtor 2
	Sources of income Check all that apply	Sources of income Check all that apply
	Gross income (before deductions and exclusions)	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business <div style="text-align: right;"><u>\$66,855.73</u></div>
For last calendar year: (January 1 to December 31, 2018)	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
For the calendar year before that: (January 1 to December 31, 2017)	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business <div style="text-align: right;"><u>\$152,605.25</u></div>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- ☒ No
☐ Yes. Fill in the details.

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

- ☐ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425.00* or more?

- ☐ No. Go to line 7.
☐ Yes. List below each creditor to whom you paid a total of \$6,425.00* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 04/01/2019 and every 3 years after that for cases filed on or after the date of adjustment.

- ☒ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- ☒ No. Go to line 7.
☐ Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

- ☒ No
☐ Yes. List all payments to an insider

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

- ☒ No
☐ Yes. List all payments that benefited an insider.

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- ☐ No
☒ Yes. Fill in the details

Case title	Nature of the case	Court or agency	Status of the case
------------	--------------------	-----------------	--------------------

TD Bank USA as successor of Target National Bank vs. Josephine De Dios, No. FCM166614	Complaint	Superior Court Solano County 580 Texas Street Fairfield, CA 94533	Pending hearing
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10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?

Check all that apply and fill in the details below.

- ☒ No. Go to line 11.
☐ Yes. Fill in the information below.

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

- ☒ No
☐ Yes. Fill in the details

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

- ☒ No
☐ Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

- ☒ No
☐ Yes. Fill in the details for each gift.

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

- ☒ No
☐ Yes. Fill in the details of each gift or contribution

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

- ☒ No
☐ Yes. Fill in the details

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?
 Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

- ☐ No
☒ Yes. Fill in the details

Person who was paid	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
---------------------	---	-----------------------------------	-------------------

<p>Bert M. Vega, Esq. 506 Sacramento Street Vallejo, CA 94590</p> <p>Email or website address: bertvegalawcanb@sbcglobal.net</p> <p>Person Who Made the Payment if Not You:</p>	<p>Expense & fee retainer (including any retainer for the filing fee)</p>	<p>02/15/2019</p>	<p>\$3,335.00</p>
<p>Access Counseling, Inc. 633 W. 5th St., Ste. 26001 Los Angeles, CA 90071</p> <p>Email or website address: www.AccessBK.org</p> <p>Person Who Made the Payment if Not You:</p>	<p>Fee for § 109(h)(1) briefing by approved nonprofit budget and credit counseling agency</p>	<p>07/18/2018</p>	<p>\$15.00</p>

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

- ☒ No
☐ Yes. Fill in the details.

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

- ☒ No
☐ Yes. Fill in the details

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called *asset-protection devices*.)

- ☒ No
☐ Yes. Fill in the details

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- ☒ No
☐ Yes. Fill in the details

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- ☒ No
☐ Yes. Fill in the details.

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

- ☒ No
☐ Yes. Fill in the details.

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

- ☒ No
☐ Yes. Fill in the details.

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- ☒ No
☐ Yes. Fill in the details

25. Have you notified any governmental unit of any release of hazardous material?

- ☒ No
☐ Yes. Fill in the details

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No
☐ Yes. Fill in the details

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)
☐ A partner in a partnership
☐ An officer, director, or managing executive of a corporation
☐ An owner of at least 5% of the voting or equity securities of a corporation

- ☒ No. None of the above applies. Go to Part 12.
☐ Yes. Check all that apply above and fill in the details below for each business.

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

- ☒ No
☐ Yes. Fill in the details below.

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Edwin Cabrera De Dios

07/22/2019

Signature of Debtor 1

Date

/s/ Josephine Sibucan De Dios

07/22/2019

Signature of Debtor 2

Date

Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?

- ☒ No
☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

- ☒ No
☐ Yes. Name of person **N/A -- the BkAssist software used to prepare this petition is licensed for use only by attorneys.**

Fill in this information to identify your case:

Debtor 1 Edwin Cabrera De Dios

Debtor 2 Josephine Sibucan De Dios
(Spouse, if filing)

United States Bankruptcy Court for the Eastern District of California

Case number _____
(If known)

☐ Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Hold Secured Claims

For any creditors that you listed in Part 1 of *Schedule D: Creditors Who Hold Claims Secured by Property* (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
BMW Financial Services 2016 BMW x1	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input checked="" type="checkbox"/> Retain the property and [explain]: Continue to pay the obligation as permitted by applicable non-bankruptcy law	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Wells Fargo Home Mortgage Residential Property at 2955 Redwood Parkway, Vallejo, CA 94591	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input checked="" type="checkbox"/> Retain the property and [explain]: Continue to pay the obligation as permitted by applicable non-bankruptcy law	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G), fill in the information below. Do not list real estate leases. *Unexpired leases* are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property lease	Will the lease be assumed?
---	----------------------------

Part 3: Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

/s/ Edwin Cabrera De Dios
Signature of Debtor 1

07/22/2019
Date

/s/ Josephine Sibucan De Dios
Signature of Debtor 2

07/22/2019
Date

Fill in this information to identify your case:

Debtor 1

Edwin Cabrera De Dios

Debtor 2

Josephine Sibucan De Dios

(Spouse, if filing)

United States Bankruptcy Court for the

Eastern District of California

Case number

(If known)

Check if this is:
☐ An amended filing
☐ A supplement disclosing additional payments or agreements as of

Form BKA-2030

Disclosure of Compensation of Attorney for Debtor

12/15

Use this procedural form, if desired, to disclose the matters enumerated in 11 U.S.C. § 329 and Fed. R. Bankr. P. 2016(b).

Disclosure is required within 14 days after the order for relief or another time as the court may direct. A supplemental disclosure is required within 14 days after any payment or agreement not previously disclosed.

Attach a copy of the retainer agreement, if any.

Part 1: Compensation

For legal services, I have agreed to accept.....

\$3,000.00

Prior to the filing of this statement I have received

Retainer for legal services.....

\$3,000.00

Retainer for expenses, including the court filing fee

\$335.00

Balance Due

\$0.00

2. The source of the compensation paid to me was:

☐ Debtor

☐ Other (specify)

3. The source of compensation to be paid to me is:

☐ Debtor

☐ Other (specify)

☒ N/A

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

Part 2: Services

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy.

b. Preparation and filing of any petition, schedules, statement of affairs and plan that may be required.

c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof.

d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters.

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e.
f.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:
(None)
7. A copy of my retainer agreement ☐ is ☒ is not attached.

Part 3: Certification

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy case.

/s/ Bert M. Vega, Esq.
Bert M. Vega, Esq. (Law Office of Bert M. Vega, LLC.)

07/22/2019
Date